

WI 00005

COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.

WI 00005

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"Recording material having a negative-working, radiation-sensitive layer the specification of which which comprises additives for promoting developability"

(check one) ☒ is attached hereto.

☐ was filed on _____ as

Application Serial No. _____ and

was amended on _____
(if applicable)

was amended through _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed
100 64 889.4 (Number)	DE (Country)
23.12.2000 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)
_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)
_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application No.)

(filing date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)

(Filing Date)

(Status)

(Application Serial No.)

(Filing Date)

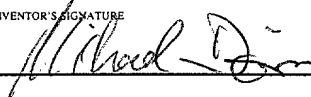
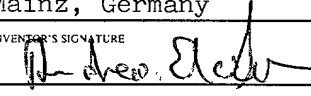
(Status)
(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

In the matter of the above-identified application, please recognize the attorneys associated with **CUSTOMER NUMBER 23416**; all of **CONNOLLY BOVE LODGE & HUTZ LLP**, as attorneys with full power of substitution to prosecute this application and conduct all business in the Patent and Trademark Office connected therewith.

Send Correspondence To: Connolly Bove Lodge & Hutz LLP P.O. Box 2207 Wilmington, Delaware 19899-2207		Direct Telephone Calls To: (302) 658-9141	
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<small>FULL NAME OF SOLE OR FIRST INVENTOR</small> Michael Dörr		<small>INVENTOR'S SIGNATURE</small> 		<small>DATE</small> September 4, 2001	
<small>RESIDENCE</small> Mainz, Germany				<small>CITIZENSHIP</small> German	
<small>POST OFFICE ADDRESS</small> In der Klauer 5, D-55128 Mainz, Germany					
<small>FULL NAME OF SECOND JOINT INVENTOR IF ANY</small> Andreas Elsässer		<small>INVENTOR'S SIGNATURE</small> 		<small>DATE</small> September 4, 2001	
<small>RESIDENCE</small> Idstein, Germany				<small>CITIZENSHIP</small> German	
<small>POST OFFICE ADDRESS</small> Adolf-Kolping-Weg 13, D-65510 Idstein, Germany					
<small>FULL NAME OF THIRD JOINT INVENTOR IF ANY</small>		<small>INVENTOR'S SIGNATURE</small>		<small>DATE</small>	
<small>RESIDENCE</small>				<small>CITIZENSHIP</small>	
<small>POST OFFICE ADDRESS</small>					
<small>FULL NAME OF FOURTH JOINT INVENTOR IF ANY</small>		<small>INVENTOR'S SIGNATURE</small>		<small>DATE</small>	
<small>RESIDENCE</small>				<small>CITIZENSHIP</small>	
<small>POST OFFICE ADDRESS</small>					
<small>FULL NAME OF FIFTH JOINT INVENTOR IF ANY</small>		<small>INVENTOR'S SIGNATURE</small>		<small>DATE</small>	
<small>RESIDENCE</small>				<small>CITIZENSHIP</small>	
<small>POST OFFICE ADDRESS</small>					
<small>FULL NAME OF SIXTH JOINT INVENTOR IF ANY</small>		<small>INVENTOR'S SIGNATURE</small>		<small>DATE</small>	
<small>RESIDENCE</small>				<small>CITIZENSHIP</small>	
<small>POST OFFICE ADDRESS</small>					
<small>FULL NAME OF SEVENTH JOINT INVENTOR IF ANY</small>		<small>INVENTOR'S SIGNATURE</small>		<small>DATE</small>	
<small>RESIDENCE</small>				<small>CITIZENSHIP</small>	
<small>POST OFFICE ADDRESS</small>					
<small>FULL NAME OF EIGHTH JOINT INVENTOR IF ANY</small>		<small>INVENTOR'S SIGNATURE</small>		<small>DATE</small>	
<small>RESIDENCE</small>				<small>CITIZENSHIP</small>	
<small>POST OFFICE ADDRESS</small>					